

m. Class 3 – Other Secured Claims.

On the Effective Date, each Holder of an Allowed Other Secured Claim shall have its Allowed Other Secured Claim Reinstated, unless such Holder agrees to a different treatment of such Claim.

n. Class 4 – HUD Installment Note Claims.

On the Effective Date, (i) the HUD Installment Note Claims shall be deemed Allowed in the aggregate amount of \$90,075,002.00 and (ii) each Holder of a HUD Installment Note Claim shall have its Allowed HUD Installment Note Claim Reinstated, unless such Holder agrees to a different treatment of such Claim.

o. Class 5 – COP Swap Claims.

The Allowance of, and treatment to be accorded to, COP Swap Claims is the subject of continuing discussions between the City and the COP Swap Counterparties, is yet to be determined and will be supplied shortly.

p. Class 6 – Parking Bond Claims.

On the Effective Date, (i) the Parking Bond Claims shall be deemed Allowed in the amount of \$8,099,287.00 and (ii) each Holder of an Allowed Parking Bond Claim shall have its Allowed Parking Bond Claim Reinstated, unless such Holder agrees to a different treatment of such Claim.

q. Class 7 – Limited Tax General Obligation Bond Claims.

i. Allowance.

On the Effective Date, the Limited Tax General Obligation Bond Claims shall be deemed Allowed in the amount of \$163,543,187.86.

ii. Treatment.

Unless such Holder agrees to a different treatment of such Claim, each Holder of an Allowed Limited Tax General Obligation Bond Claim, in full satisfaction of such Allowed Claim, shall receive, on or as soon as reasonably practicable after the Effective Date, Unsecured Pro Rata Shares of (A) New B Notes and (B) New C Notes.

r. Class 8 – Unlimited Tax General Obligation Bond Claims.

i. Allowance.

On the Effective Date, the Unlimited Tax General Obligation Bond Claims shall be deemed Allowed in the amount of \$374,661,332.97.

ii. Treatment.

Unless such Holder agrees to a different treatment of such Claim, each Holder of an Allowed Unlimited Tax General Obligation Bond Claim, in full satisfaction of such Allowed Claim, shall receive its Pro Rata share of Plan UTGO Notes on or as soon as reasonably practicable after the Effective Date. The maturity(ies) of the Plan UTGO Notes shall be no longer than the existing maturity(ies) of each series of Unlimited Tax General Obligation Bonds receiving Plan UTGO Notes. The Plan UTGO Notes shall contain such other terms as will result in each Holder of an Allowed Unlimited Tax General Obligation Bond Claim receiving a payment stream the present value of which is equal to approximately 20% of such Holder's Allowed Unlimited Tax General Obligation Bond Claim as of the Effective Date.

distributed to holders of Claims entitled to receive New B Notes and New C Notes under the Plan, each of which shall receive their Unsecured Pro Rata Share of such property. The remaining 30% of any New B Notes, New C Notes and distributions thereon shall be cancelled (with respect to the New B Notes and New C Notes) or revert to the City and be transferred to the General Fund (with respect to the distributions on such portion of New B Notes and New C Notes).

t. Class 10 – PFRS Claims.

i. Allowance.

The PFRS Claims shall be allowed in an aggregate amount equal to the sum of approximately \$3,281,800,000. All OPEB Claims included in such PFRS Claims shall be allowed as general Unsecured Claims in an aggregate amount equal to approximately \$1,693,800,000; provided that the aggregate amounts of the Allowed OPEB Claims and, correspondingly, the Allowed PFRS Claims described in this Section II.B.3.t.i shall be reduced to reflect mitigation of damages resulting from the projected value of, as applicable, (A) federal governmental subsidies toward the payment of health benefit premiums provided under the Patient Protection and Affordable Care Act or (B) federal governmental health care plans, as set forth on Exhibit II.B.3.t.i.

ii. Treatment.

A. Contributions to PFRS.

During the Fiscal Years from the Effective Date through the Fiscal Year ending June 30, 2023, annual contributions shall be made to the PFRS only in the amounts identified on Exhibit II.B.3.t.ii.A. The exclusive source for such contributions shall be DIA Proceeds equal to \$175,000,000. After June 30, 2023, the City will contribute sufficient funds required to pay each Holder of a PFRS Pension Claim his or her PFRS Adjusted Pension Amount in accordance with and as modified by the terms and conditions contained in the Plan and the Plan PFRS Settlement.

B. Investment Return Assumption.

During the period that ends on June 30, 2023, the trustees of the PFRS, or the trustees of any successor trust or pension plan, shall adopt and maintain an investment return assumption and discount rate for purposes of determining the assets and liabilities of the PFRS that shall not be higher than 6.50%.

C. Modification of Benefits for PFRS Participants.

During the period that ends no earlier than June 30, 2023, the pension benefits payable to each Holder of a PFRS Pension Claim shall be equal to the PFRS Adjusted Pension Amount for such Holder, provided that such PFRS Adjusted Pension Amount shall be (1) automatically reduced by the DIA Proceeds Default Amount in the event of a DIA Proceeds Payment Default and (2) increased by (a) the Plan PFRS Settlement (as set forth in Section II.B.3.t.ii.G) and (b) any PFRS Restoration Payment.

D. Accrual of Future Benefits.

Each Holder of a PFRS Pension Claim who is an Active Employee shall receive, in addition to his or her PFRS Adjusted Pension Amount, as may be modified herein, such additional pension benefit for service on or after July 1, 2014 consistent with the terms and conditions of the PFRS Hybrid Pension Formula.

E. Governance.

The composition of the board of trustees of the PFRS and the manner in which it is operated and administered shall be consistent with such governance provisions as are (1) required by the DIA Settlement Documents and the Plan PFRS Settlement and (2) acceptable to the State and the DIA Funding Parties.

F. No Changes in Terms for Ten Years.

The Confirmation Order shall include an injunction against the subsequent amendment of the terms and conditions, and rules of operation, of the PFRS, or any successor plan or trust, that governs the calculation of pension benefits (including the PFRS Adjusted Pension Amount, accrual of additional benefits, the DIA Proceeds Default Amount, the PFRS Restoration Payment and the PFRS Hybrid Pension Formula and terms of the hybrid arrangement) or against any action that governs the selection of the investment return assumption described in Section II.B.3.t.ii.B, the contribution to the PFRS or the calculation or amount of PFRS pension benefits for the period ending June 30, 2023, notwithstanding whether that subsequent amendment or act is created or undertaken by contract, agreement (including collective bargaining agreement), statute, rule, regulation, ordinance, charter, resolution or otherwise by operation of law.

G. Plan PFRS Settlement.

If Classes 10 and 11 accept the Plan, Holders of PFRS Pension Claims who accept the Plan will have the option to enter into a settlement with the City and the State by electing to participate in the Plan PFRS Settlement on a timely-returned Ballot accepting the Plan. The Plan PFRS Settlement shall include the following principal terms: (1) the State will deposit the State PFRS Consideration into the PFRS in equal annual installments over a period of 20 years, (2) each Electing PFRS Holder shall be entitled to the PFRS Settlement Benefit Amount in addition to such Holder's PFRS Adjusted Pension Amount and (3) each Electing PFRS Holder will release the City and its Related Entities and the State and the State Related Entities from all PFRS Pension Claims, as more particularly described in the Plan PFRS Settlement Documents.

H. Establishment of Detroit VEBA.

On or as soon as practicable following the Effective Date, the City will establish the Detroit VEBA to provide health care, life and other legally authorized welfare benefits to Detroit VEBA Beneficiaries and certain of their dependents and future City retirees. The Detroit VEBA will be governed by a board of trustees that will be responsible for, among other things, management of property held by the Detroit VEBA, administration of the Detroit VEBA and determination of the level of and distribution of benefits to Detroit VEBA Beneficiaries. The Detroit VEBA Trust Agreement and related plan documentation will be substantially in the form set forth on Exhibit I.A.62, which shall, among other things, identify the members of the Detroit VEBA's initial board of trustees. Promptly after the Detroit VEBA is established, the City shall (1) distribute the OPEB Claims Note to the Detroit VEBA and (2) direct the trustees of the Employee Death Benefit Plan to terminate that plan and transfer all assets (net of expenses of termination) to the Detroit VEBA. The City shall have no responsibility following the Effective Date to provide life insurance or death benefits to retirees. Holders of PFRS Claims that also hold OPEB Claims shall be Detroit VEBA Beneficiaries.

u. Class 11 – GRS Claims.

i. Allowance.

The GRS Claims shall be allowed in an aggregate amount equal to the sum of approximately \$3,790,100,000. All OPEB Claims included in such GRS Claims shall be allowed as general Unsecured Claims in an aggregate amount equal to approximately \$1,491,100,00; provided that the aggregate amounts of the Allowed OPEB Claims and, correspondingly, the Allowed GRS Claims described in this Section II.B.3.u.i shall be reduced to reflect mitigation of damages resulting from the projected value of, as applicable, (A) federal governmental subsidies toward the payment of health benefit premiums provided under the Patient Protection and Affordable Care Act or (B) federal governmental health care plans, as set forth on Exhibit II.B.3.u.i.

ii. Treatment.

A. Contributions to GRS. ✓

During the Fiscal Years from the Effective Date through the Fiscal Year ending June 30, 2023, annual contributions shall be made to the GRS only in the amounts identified on Exhibit II.B.3.u.ii.A. The exclusive sources for such contributions shall be pension-related payments received by the City from the DWSD equal to approximately \$675,000,000, and proceeds received from the DIA Funding Parties in the amount of approximately \$50,000,000. After June 30, 2023, (1) approximately \$195,000,000 of proceeds contributed by the DIA Funding Parties in connection with the DIA Settlement shall be contributed to the GRS and (2) the City will contribute such additional funds as are necessary to pay each Holder of a GRS Pension Claim his or her GRS Adjusted Pension Amount in accordance with and as modified by the terms and conditions contained in the Plan and the Plan GRS Settlement.

B. Investment Return Assumption

During the period that ends on June 30, 2023, the board of trustees of the GRS, or the trustees of any successor trust or pension plan, shall adopt and maintain an investment return assumption and discount rate for purposes of determining the assets and liabilities of the GRS that shall not be higher than 6.25%.

C. Modification of Benefits for GRS Participants.

During the period that ends no earlier than June 30, 2023, the pension benefits payable to each Holder of a GRS Pension Claim shall be equal to the GRS Adjusted Pension Amount for such Holder, provided that such GRS Adjusted Pension Amount shall be (1) automatically reduced by the DIA Proceeds Default Amount in the event of a DIA Proceeds Payment Default and (2) increased by (a) the Plan GRS Settlement (as set forth in Section II.B.3.u.ii.I) and (b) any GRS Restoration Payment.

D. Annuity Savings Fund Restitution.

Excess allocations to Annuity Savings Fund Accounts during the period beginning January 1, 1999 and ending December 31, 2012 may be applied to reduce (1) Annuity Savings Fund Accounts of Active Employees who participate in the GRS and (2) the Current Accrued Annual Pension of former participants in the Annuity Savings Fund Account now receiving monthly pensions, in accordance with the formulae set forth on Exhibit II.B.3.u.ii.D. In the event of any such reduction, a Holder's GRS Adjusted Pension Amount shall be increased to take into account such Annuity Savings Fund Account restitution reduction.

E. Accrual of Future Benefits.

Each Holder of a GRS Pension Claim who is an Active Employee shall receive, in addition to his or her GRS Adjusted Pension Amount, as may be modified herein, such additional pension benefit for service on or after July 1, 2014 consistent with the terms and conditions of the GRS Hybrid Pension Formula.

F. Governance. ✓

The composition of the board of trustees of the GRS and the manner in which it is operated and administered shall be consistent with such governance provisions as are (1) required by the DIA Settlement Documents and the Plan GRS Settlement and (2) acceptable to the State and the DIA Funding Parties.

G. Potential Transfer of DWSD-Related Pension Liabilities.

If the City consummates a DWSD Transaction on or prior to the Effective Date, the GLWA will assume the pension liability associated with DWSD employees and retirees as accrued through the closing date of the DWSD Transaction. A pro rata share of the existing GRS assets and liabilities will be transferred to a successor

pension fund managed by the GLWA. The successor pension plan will be closed to new GLWA employees and benefit levels frozen.

H. No Changes in Terms for Ten Years.

The Confirmation Order shall include an injunction against the subsequent amendment of the terms and conditions, and rules of operation, of the GRS, or any successor plan or trust, that govern the calculation of pension benefits (including the GRS Adjusted Pension Amount, accrual of additional benefits, the DIA Proceeds Default Amount, GRS Restoration Payment and the GRS Hybrid Pension Formula and terms of the hybrid arrangement) or against any action that governs the selection of the investment return assumption described in Section II.B.3.u.ii.B, the contribution to the GRS, or the calculation or amount of GRS pension benefits for the period ending June 30, 2023, notwithstanding whether that subsequent amendment or act is created or undertaken by contract, agreement (including collective bargaining agreement), statute, rule, regulation, ordinance, charter, resolution or otherwise by operation of law.

I. Plan GRS Settlement

If Classes 10 and 11 accept the Plan, Holders of GRS Pension Claims who accept the Plan will have the option to enter into a settlement with the City and the State by electing to participate in the Plan GRS Settlement on a timely-returned Ballot accepting the Plan. The Plan GRS Settlement shall include the following principal terms: (1) the State will deposit the State GRS Consideration into the GRS in equal annual installments over a period of 20 years, (2) each Electing GRS Holder shall be entitled to the GRS Settlement Benefit Amount in addition to such Holder's GRS Adjusted Pension Amount and (3) each Electing GRS Holder will release the City and its Related Entities and the State and the State Related Entities from all GRS Pension Claims, as more particularly described in the Plan GRS Settlement Documents.

J. GRS Claim Holders with OPEB Claims.

Holders of GRS Claims that also hold OPEB Claims shall be Detroit VEBA Beneficiaries of the Detroit VEBA.

v. Class 12 – Downtown Development Authority Claims.

i. Allowance.

On the Effective Date, the Downtown Development Authority Claims shall be deemed Allowed in the amount of \$33,600,000.

ii. Treatment.

Unless such Holder agrees to a different treatment of such Claim, each Holder of an Allowed Downtown Development Authority Claim, in full satisfaction of such Allowed Claim, shall receive, on or as soon as reasonably practicable after the Effective Date, Unsecured Pro Rata Shares of (A) New B Notes and (B) New C Notes.

w. Class 13 – Other Unsecured Claims.

i. Treatment.

Unless such Holder agrees to a different treatment of such Claim, each Holder of an Allowed Other Unsecured Claim, in full satisfaction of such Allowed Claim, shall receive, on or as soon as reasonably practicable after the Effective Date, Unsecured Pro Rata Shares of (A) New B Notes and (B) New C Notes.

x. Class 14 – Convenience Claims.

i. Treatment.

Each Holder of an Allowed Convenience Claim, in full satisfaction of such Allowed Claim, shall receive Cash equal to the amount of 25% of such Allowed Claim (as reduced, if applicable, pursuant to an election by such Holder in accordance with Section I.A.44) on or as soon as reasonably practicable after the Effective Date, unless such Holder agrees to a different treatment of such Claim.

y. Class 15 – Subordinated Claims.

i. Treatment.

On the Effective Date, all Subordinated Claims shall be disallowed, extinguished and discharged without Distribution under the Plan, and Holders of Subordinated Claims shall not receive or retain any property on account of such Claims. Pursuant to section 1126(g) of the Bankruptcy Code, Class 15 is deemed to have rejected the Plan and Holders of Subordinated Claims are not entitled to cast a Ballot in respect of such Claims.

C. Confirmation Without Acceptance by All Impaired Classes

The City requests Confirmation under section 1129(b) of the Bankruptcy Code in the event that any impaired Class does not accept or is deemed not to accept the Plan pursuant to section 1126 of the Bankruptcy Code. The Plan shall constitute a motion for such relief.

D. Treatment of Executory Contracts and Unexpired Leases

1. Assumption.

Except as otherwise provided in the Plan, in any contract, instrument, release or other agreement or document entered into in connection with the Plan or in a Final Order of the Bankruptcy Court, or as requested in any motion Filed on or prior to the Effective Date, on the Effective Date, pursuant to section 365 of the Bankruptcy Code, the City will be deemed to assume all Executory Contracts and Unexpired Leases to which it is a party.

2. Assumption of Ancillary Agreements.

Each Executory Contract and Unexpired Lease assumed pursuant to Section II.D.1 will include any modifications, amendments, supplements, restatements or other agreements made directly or indirectly by any agreement, instrument or other document that in any manner affects such Executory Contract or Unexpired Lease, unless any such modification, amendment, supplement, restatement or other agreement is rejected pursuant to Section II.D.6 or designated for rejection in accordance with Section II.D.3.

3. Approval of Assumptions and Assignments.

The Confirmation Order will constitute an order of the Bankruptcy Court approving the assumption of Executory Contracts or Unexpired Leases pursuant to Section II.D.1 (and any related assignment) as of the Effective Date, except for Executory Contracts or Unexpired Leases that (a) have been rejected pursuant to a Final Order of the Bankruptcy Court, (b) are subject to a pending motion for reconsideration or appeal of an order authorizing the rejection of such Executory Contract or Unexpired Lease, (c) are subject to a motion to reject such Executory Contract or Unexpired Lease Filed on or prior to the Effective Date, (d) are rejected pursuant to Section II.D.6 or (e) are designated for rejection in accordance with the last sentence of this paragraph. An order of the Bankruptcy Court (which may be the Confirmation Order) entered on or prior to the Confirmation Date will specify the procedures for providing notice to each party whose Executory Contract or Unexpired Lease is being assumed pursuant to the Plan of: (a) the Executory Contract or Unexpired Lease being assumed; (b) the Cure Amount Claim, if any, that the City believes it would be obligated to pay in connection with such assumption; (c) any assignment of an Executory Contract or Unexpired Lease; and (d) the procedures for such party to object to

8. Preexisting Obligations to the City Under Rejected Executory Contracts and Unexpired Leases.

Rejection of any Executory Contract or Unexpired Lease pursuant to the Plan or otherwise shall not constitute a termination of preexisting obligations owed to the City under such contract or lease. Notwithstanding any applicable non-bankruptcy law to the contrary, the City expressly reserves and does not waive any right to receive, or any continuing obligation of a non-City party to provide, warranties, indemnifications or continued maintenance obligations on goods previously purchased, or services previously received, by the City from non-City parties to rejected Executory Contracts or Unexpired Leases, and any such rights shall remain vested in the City as of the Effective Date.

9. Insurance Policies.

From and after the Effective Date, each of the City's insurance policies (other than welfare benefits insurance policies) in existence as of or prior to the Effective Date shall be reinstated and continue in full force and effect in accordance with its terms and, to the extent applicable, shall be deemed assumed by the City pursuant to section 365 of the Bankruptcy Code and Section II.D.1. Nothing contained herein shall constitute or be deemed a waiver of any Causes of Action that the City may hold against any Entity, including any insurer under any of the City's insurance policies.

**ARTICLE III
CONFIRMATION OF THE PLAN**

A. Conditions Precedent to the Effective Date.

The Effective Date will not occur, and the Plan will not be consummated, unless and until the City has determined that all of following conditions have been satisfied or waived in accordance with Section III.B:

1. The Bankruptcy Court shall have entered the Confirmation Order in form and substance satisfactory to the City.
2. The Bankruptcy Court shall have entered an order (which may be included in the Confirmation Order) approving and authorizing the City to take all actions necessary or appropriate to implement the Plan, including the transactions contemplated by the Plan and the implementation and consummation of the contracts, instruments, releases and other agreements or documents entered into or delivered in connection with the Plan.
- ~~3. The Confirmation Order shall not be stayed in any respect.~~
4. All actions and all contracts, instruments, releases and other agreements or documents necessary to implement the terms and provisions of the Plan are effected or executed and delivered, as applicable, in form and substance satisfactory to the City.
5. All authorizations, consents and regulatory approvals, if any, required in connection with the consummation of the Plan have been obtained and not revoked.
6. The Plan and all Exhibits shall have been Filed and shall not have been materially amended, altered or modified from the Plan as confirmed by the Confirmation Order, unless such material amendment, alteration or modification has been made in accordance with Section VIII.A.
- ~~7. If Classes 10 and 11 accept the Plan, all conditions to the effectiveness of (a) the Plan PFRS Settlement set forth in the Plan PFRS Settlement Documents and (b) the Plan GRS Settlement set forth in the Plan GRS Settlement Documents have been satisfied.~~
8. Sufficient value shall have been realized from the DIA Assets (through the DIA Settlement or otherwise) to fund contributions to the PFRS as set forth on Exhibit II.B.3.t.ii.A.

BANKRUPTCY PLAN OF ADJUSTMENT

(SUPPORTING DOCUMENTATION

CITY OF DETROIT RETIREMENT FORMS)

COMPLETED AND EXECUTED FOR CONSTANCE M. PHILLIPS (2012)

SUBMITTED w/ CITY OF DETROIT

PLAN OF ADJUSTMENT OBJECTIONS (FORM 2708)

SUBMISSION DATE: Tuesday, April 1, 2014

City of Detroit
GENERAL RETIREMENT SYSTEM
APPLICATION FOR SERVICE RETIREMENT

PENSION NUMBER

R-169106

SOCIAL SECURITY NUMBER

To the Board of Trustees, City of Detroit
General Retirement System:

I, Constance Phillips

, a member of the Retirement System, hereby apply
for service retirement in accordance with the provisions of the law and related rules and regulations.

My date of birth is:

Month 5 Day 30 Year 1950

I request my retirement to be effective:

Month 4 Day 10 Year 2012

I desire my retirement allowance benefits sent to:

No. 2720 Street E. Lafayette #103
City Detroit State Mi 48207

My title on the payroll is:

General Manager
Department employed in: Human Services

In connection with my application for retirement on 4-10-2012, I request a refund of \$ 100%
from my Annuity Savings Fund.

I elect to receive my retirement allowance in the following form of payment:
(place one X in a square on each line; a total of two X's.)

☒ STANDARD

EQUATED

☐ Increased to Age
& Decreased Thereafter

If you selected
this option please
initial _____

☐ REGULAR
STRAIGHT LIFE
Allowance

☐ OPTION 1
Cash Refund
Annuity

☒ OPTION 2
Joint and 100%
Survivorship

☐ OPTION 3
Joint and 50%
Survivorship

☐ OPTION A
Joint and 75%
Survivorship

☐ OPTION B
Joint and 25%
Survivorship

(Write plan of retirement elected) Option 2-100% Survivorship

If option 2, 3, A or B elected, do you desire Pop-Up Plan Protection?

Yes ☐ No ☒

Constance M. Phillips
Signature of Member

I nominate as my beneficiary:

Gail L. Phillips

Beneficiary's date of birth:

Month 6 Day 17 Year 1953

Beneficiary's Address

No. _____ Street _____

Beneficiary's place of birth:

Illinois

Beneficiary's Soc. Sec. Number:

[REDACTED]

City _____ State _____

Beneficiary's relationship to me:

Sister

Sex

Female

PROOF OF BIRTH DATE OF BENEFICIARY REQUIRED IF OPTION 2, 3 A OR B, IS ELECTED

Dated at Detroit Mich. this 15th day of March 20 12

Jayisha Moore-Carter
Signature of Witness

Constance M. Phillips
Signature of Retiring Member

Any balance under Option 2, 3, A or B is to be paid to my _____

Relationship

date of birth _____

Name of Beneficiary

Dated _____

Signature of Witness

Signature of Member

Name Constance PhillipsSSN [REDACTED]GENERAL RETIREMENT SYSTEM
RETIREMENT APPLICATION CHECKLIST

Initial Selections

1. TYPE OF RETIREMENT

- ☒ Service Retirement ☐ Duty Disability Retirement ☐ Widows Pension
☐ Early Retirement ☐ Non-Duty Disability ☐ Vested Pension-Current Annuity Balance
☐ Conversion ☐ Survivors Pension ☐ Vested Pension-Pension Retroactive to Eligibility Date

2. OPTION SELECTION

- ☐ Straight Life ☐ Option 1 (Cash Refund Annuity) ☐ Option A (75% Survivor)
☐ No option required ☒ Option 2 (100% Survivor) ☐ Option B (25% Survivor)
☐ Option 3 (50% Survivor)

I understand that with selection of Straight Life or Option 1 there will be no spousal health care benefits after retiree's death.

3. UNUSED SICK PAY OPTION

- ☒ YES ☐ NO

4. POP-UP SELECTION

- ☐ YES ☒ NO

5. EQUATED SOCIAL SECURITY OPTION

- ☐ AGE 62 ☐ AGE 65

I understand that my gross monthly pension will be reduced effective the first day of the month following my _____ birthday.

6. MATERNITY LEAVE (7-2-65 TO 9-19-72)

- ☐ YES ☐ NO

7. DEFINED CONTRIBUTION PLAN (Annuity Fund)

- ☐ No Withdrawal ☐ Partial Withdrawal
☐ Previously Withdrawn ☒ Total Withdrawal
☐ Rollover-Form to be submitted

Annuity Withdrawal Forms and Interest Letter Received

~~Bonus Distribution Notice Reviewed~~

8. WITHHOLDING TAX

- ☐ No withholding ☐ Married 1 Exemptions
☐ Fixed amount \$ _____ ☐ Single _____ Exemptions

STATE WITHHOLDING TAX

- ☐ 1. Not taxable ☐ 2. Before 1946 ☒ 3. Between 1946 and 1952 ☐ 4. After 1952

9. DIRECT DEPOSIT

- ☒ YES ☐ NO

GENERAL RETIREMENT SYSTEM
RETIREMENT APPLICATION CHECKLIST
(Page 2)

Initial Selections

10. HOSPITALIZATION

☐ Declined/Not Entitled

☐ Blue Cross

☐ Community Blue

☒ H.A.P.

☐ Blue Care Network

☐ COBRA

11. EYE CARE COVERAGE

☐ Declined/Not Entitled

☒ Heritage

☐ Spectera

12. DENTAL COVERAGE

☐ Declined/Not Entitled

☐ Blue Cross

☐ Golden Dental

☒ DenCap

13. DEATH BENEFIT

☒ YES

☐ NO

14. GROUP LIFE INSURANCE (Disability Only)

☐ YES

☐ NO

15. GROUP LIFE INSURANCE-WAIVER OF PREMIUM
(TOTAL & PERMANENT DISABILITY)

☐ YES

☐ NO

16. PROOF OF BIRTH

EMPLOYEE

☒ Supplied

☐ To Be Supplied

BENEFICIARY

☒ Supplied

☐ To Be Supplied

17. MARRIAGE CERTIFICATE

☐ Not married

☐ Supplied

☐ To Be Supplied

18. DIVORCE/EDRO

☐ YES

☐ NO

19. BENEFICIARIES CONFIRMED

ANNUITY
DEATH BENEFIT
LIFE INSURANCE

20. MILITARY SERVICE PURCHASED

☐ YES

☐ NO

I acknowledge that any outstanding balance for the purchase of military service time must be paid in full before my retirement

I HEREBY CERTIFY THE FOLLOWING:

1. I have carefully read the above.
2. I understand the benefits and the options available.
3. I had the opportunity to ask questions.
4. I understand changes will not be allowed after I cash my first pension check or 180 days after my retirement date, whichever comes first.

Constance M. Phillips
SIGNATURE

3/15/2012
DATE

Larisha Koon-Carter
WITNESS



REC'D FEB 06 2012

**CITY OF DETROIT
Human Resources Department
Employee Services**

Date of Application: 1/26/12

Name: Constance Phillips

S.S.N 3

Title: General Manager

Pension Number: 169106

Department: Human Services

Last Day of Work: 2/17/12

Your benefit banks are as follow: 240 Current Vacation Time, 0.0hrs
Comp Time, 8.0 hrs Swing Holiday, and you will be prorated for 32.0 hrs
of Vacation time.

Your last day on the payroll will be: 4/9/12

Your effective date of retirement will be: 4/10/12

Any change in the last date worked, or if fringe bank time is used outside of the calculations indicated above, could result in a delay in retirement processing. You must contact the Finance Department-Pension Bureau on 224-3362 for an appointment at least thirty (30) days prior to the projected retirement date. Additionally the employee must complete the "Unused Sick Leave Declaration Form" available from the Finance Department-Pension Bureau during the interview process. Failure to complete the "Unused Sick Leave Declaration Form" could result in a delay in retirement sick leave (RSL) payout.

I have reviewed all of the information indicated above and concur with the contents of this application:

Constance M. Phillips
Employee Name-Print

Constance M. Phillips
Employee Signature

Aisha Woods
Aisha Woods

Sr. Personnel and Payroll Clerk
Title

C: **HRM/HRC
HR Payroll Manager
Pension Bureau
Payroll**

When coming in for your retirement interview the following documents are needed:

1. ~~Letter of Intent to retire.~~
2. Benefit Estimate
3. Proof of birth for yourself and your spouse/beneficiary
Either
(birth certificate, passport, DD 214, voter's certification, baptismal record, school record).
4. Spouse/beneficiary Social Security number.
5. Marriage License
6. Name of bank, account number and routing number if Direct Deposit is desired.

LaTISHA MOON-CARTER
INTERVIEWER



RETIREMENT SYSTEM
THE CITY OF DETROIT
2 WOODWARD AVENUE, RM 908
DETROIT, MICHIGAN 48226
PHONE 313•224•3362 x 218
FAX 313•224•3522
E-mail: ldmoon@rscd.org
www.rscd.org

PATRICIA L. WATKINS
PRINCIPAL CLERK



CITY OF DETROIT
HUMAN RESOURCES DEPARTMENT
HEARINGS & POLICY DEVELOPMENT
COLEMAN A. YOUNG
MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 310
DETROIT, MICHIGAN 48226
PHONE 313•224•3180 TTY:311
FAX 313•224•9434
watkinsp@pol.ci.detroit.mi.us

HUMAN RESOURCES EMPLOYEE SERVICES GENERAL CITY PRE-RETIREMENT INFORMATION

DATE 1/26/2012

NAME PHILLIPS, CONSTANCE MARY SS# [REDACTED]
(current) (last name) (first name) (middle initial) (as it appears on issued social security card)
 PHONE (313) 884-1061 (313) 393-3241
(work) (313) 370-3820 (home)

DEPARTMENT <u>HUMAN SERVICES</u> <small>(City of Detroit)</small>	Last-Day-Worked: <u>(2/14/2012)</u>	Amount of time you will use prior to your Last Day Worked:
DIVISION <u>1151 TAYLOR</u> <small>(work location)</small>	FOR HR PAYROLL USE ONLY	Vac. Hrs/Days <u>(1)</u>
SUPERVISOR NAME <u>URSULA HOLLAND</u> <small>(immediate)</small>		Swing Holiday Hrs/Days <u>(0)</u>
CLASSIFICATION <u>GENERAL MGR.</u> <small>(job title)</small>		C-Time Hrs <u>(0)</u>

AGY# _____ P.U.# _____

YOUR RETIREMENT TYPE IS:

- ☐ Service Retirement - 30-Yrs. or More
☒ Service Retirement - 10-Yrs. & at least 60-Yrs of Age
☐ Service Retirement - 8-Yrs. & 65-Yrs. Of Age
☐ Early/Reduced Service Retirement - 25-Yrs. To 29-Yrs.

IMPORTANT NOTES:

#1. Please be aware that any deviation from the information provided here, such as changing your last-day-worked, or an increase / decrease in usage of fringe bank time you have indicated above could result in a delay in your retirement processing.

#2. HR- Payroll will contact you within five (5) days prior to your LDW, to pick up your Letter of Intent to Retire:

Your Payroll Clerk will contact you with-in 48 hours to acknowledge the receipt of this form

EMPLOYEE SIGNATURE Constance M. Phillips DATE 1/26/2012

PAYROLL SUPERVISOR _____ PHONE # _____

REC'D JAN 26 2012

BENEFIT ESTIMATE REQUEST

Date

1/26/2012

SS#

371-56-2318

D.O.B.

5/30/1950

Name

CONSTANCE M. PHILLIPS

Service Date

11/11/1991

Dept

HUMAN SERVICES

Pen#

169106

Rank/Title

GENERAL MANAGER

Spouse Name

N/A AVAILABLE

Spouse SS#

N/A

Spouse D.O.B.

N/A

Address

2428 E. LAFAYETTE

Retire Date or LDW

2/22/2012
2/17/2012

Y.O.S.

20 YEARS PLUS

Tel#

(313) 393-3271

Military Service

AFC

TAC

Withdrawal Date

Retirement Systems Benefit Estimate



GENERAL RETIREMENT SYSTEM
CITY OF DETROIT

WITHDRAWAL/DISTRIBUTION FROM DEFINED CONTRIBUTION PLAN
(ANNUITY SAVINGS FUND)

DATE OF APPLICATION 3/15/2012
EMPLOYEE NAME CONSTANCE M. PHILLIPS SOCIAL SECURITY # [REDACTED]
DATE OF BIRTH MAY 30, 1950 TELEPHONE (313) 393-3241
(313) 578-1320
TO: BOARD OF TRUSTEES OF THE RETIREMENT SYSTEM

I attained or will attain eligibility for withdrawal of my Defined Contribution Plan (Annuity) amounts due to
(Choose one)

☐ Service Retirement ☒ 25 Years OR Age 60/10 Years OR Age 65/8 Years
☐ Separation from Service ☐ Duty or Non-Duty Disability
☐ Laid-off ☐ Conversion from Disability
☐ Death of employee (Date _____) ☐ EDRO (Eligible Domestic Relations Order)

If Death or EDRO, please complete:

RECIPIENT/BENEFICIARY NAME _____ SOCIAL SECURITY # _____
DATE OF BIRTH _____ TELEPHONE (____) _____

Pursuant to these provisions, I hereby request a withdrawal from my Defined Contribution Plan account as follows:

OMP Total withdrawal _____ Partial withdrawal of \$ _____
(Initial) (Initial)

If partial withdrawal, write out dollar amount _____
_____ Contributions prior to 8-14-1982 only.
(Initial)

to be distributed as follows:

If requesting more than pre-1982 contributions you must select **EITHER 1, 2 or 2 and 3:**

1. OMP I request that full payment be made to me. I acknowledge that twenty (20%) percent of the
(Initial) taxable portion will be withheld in accordance with applicable Internal Revenue Code requirements and regulations.

2. I request a direct rollover of the otherwise taxable portion as follows: **CHOOSE A or B**

A _____ All of the otherwise taxable portion (in
(Initial) which case no withholding will apply to me) OR B _____ A portion totaling \$ _____
(Initial) of the otherwise taxable portion

of my Defined Contribution Plan distribution be forwarded to:

Agency and Account No.: _____

Address: _____

City, State & Zip Code: _____

as a direct rollover/direct transfer and the balance paid to me. Any taxable portion not rolled over/transferred will be subject to the required twenty (20%) percent withholding. Representatives of the above named company have assured me that the direct rollover amount will be deposited in either a 401(a) of the Internal Revenue Code Plan, including a 401(k) plan, profit sharing plan, defined benefit plan, stock bonus plan, and money purchase plan; a section 403(a) annuity plan; a section 403(b) tax-sheltered annuity or an eligible section 457(b) plan maintained by a governmental employer (governmental 457 plan).

3. I request a direct rollover of the non-taxable portion as follows: **CHOOSE C or D**

C	All of the otherwise non-taxable (Initial) portion
----------	---

OR

D	A portion totaling \$ (Initial) of the otherwise non-taxable portion
----------	--

of my Defined Contribution Plan distribution be forwarded to:

Agency and Account No.: _____

Address: _____

City, State & Zip Code: _____

as a direct rollover/direct transfer and the balance paid to me. Representatives of the above named company have assured me that the direct rollover amount will be deposited in either an IRC 403(a) (Individual Retirement Account) or IRC 403(b) (Individual Retirement Annuity).

I acknowledge receipt of a notice provided to me pursuant to Section 402 of the Internal Revenue Code. I acknowledge that 1099R(s) will be issued regarding the withdrawal from the defined contribution plan. I hereby release the Retirement System and its Board of Trustees and the City-employer from any and all liability relative to the aforesaid defined contribution plan amounts upon the forwarding of the amounts as directed by me. I acknowledge that a 1099R will be issued to indicate the otherwise taxable portions of the defined contribution plan amounts transferred in accordance with the foregoing direct rollover/direct transfer. I have made appropriate arrangements with the aforementioned financial institution to accept the transferred amount as a direct rollover, permitted by the Internal Revenue Code and applicable regulations. I hereby waive any and all claims relative to the aforesaid defined contribution plan amounts forwarded/ transferred consistent with this document. I acknowledge that the Retirement System, its employees and representatives do not give tax advice and I will consult with a tax advisor of my choice.

Signatures must be notarized if not witnessed by a Retirement Systems employee.

Jisha Khan-Carter
Signature of Witness Date
3-15-2012

Address of Witness

City State Zip

Constance M. Dullis 3/15/2012
Signature of Recipient Date

2120 E. LAFAYETTE #703
Address of Recipient

REDDI, ME. 48207
City State Zip

On this day of _____ the above named made oath that the answers are true to the best of his/her knowledge and belief.

My Commission expires: _____

(SEAL)

Notary Public

County

State

DO NOT WRITE IN THIS SPACE

Withholding Certificate for Michigan Pension or Annuity Payments

INSTRUCTIONS: Use Form MI W-4P to notify administrators of the correct amount of Michigan income tax to withhold from your pension or annuity payment(s). You may also use this form to choose not to have any Michigan income tax withheld from your payment(s). This does not apply to military pensions or certain pensions paid by the Railroad Retirement Board.

Significant income tax changes take effect for the 2012 tax year. Entities, over whom Michigan has jurisdiction, disbursing pension or annuity payments are required to collect withholding on those payments that are expected to be included in taxable income unless you choose to opt out by submitting this form (See instructions for line 1). Entities over which Michigan does not have jurisdiction are not required to withhold Michigan income tax from your pension or annuity payment(s). If your pension administrator does not withhold, you may need to make estimated income tax payments to avoid owing penalty and interest. For further information, see General Instructions on page two, the *Michigan Estimated Income Tax for Individuals* (MI-1040ES) or consult a tax advisor.

If you have more than one administrator, you will need to complete a form for each pension or annuity. If you do not file MI W-4P, the administrator may need to withhold even if you will not owe tax on your pension income. **See instructions on page two.**

GENERAL INFORMATION			
Name <i>CONSTANCE M. PHILLIPS</i>		Social Security Number [REDACTED]	
Mailing Address (Number, Street, PO Box) <i>2720 E. LAURELLE #100</i>			
City <i>GRAND RAPIDS, MI</i>		State <i>MICHIGAN</i>	Zip Code <i>49504</i>
Marital Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married (withhold the same as "Single")			

For joint filers, the age of the oldest spouse determines the age category. Check only ONE box.

- ☐ 1. Check here if your pension or annuity payments are not taxable. **STOP HERE AND SIGN FORM.**
- ☐ 2. Check here if you (or your spouse) were born before 1946. See instructions for line 2.
- ☐ 3. Check here if you (or your spouse) were born during the period 1946 through 1952. See instructions for line 3.
- ☐ 4. Check here if you (and your spouse) were born after 1952. See instructions for line 4.

Complete the following applicable lines:

5. Enter number of personal exemptions allowed on your *Michigan Income Tax Return* (MI-1040). Exemptions should only be claimed once on all MI W-4s (wages) or MI W-4P forms submitted.
6. Additional percentage amount, if any you want withheld from your pension or annuity payment. This amount must be a percentage.

5. <i>1 (NONE)</i>	
6. _____	%

AUTHORIZATION	
Signature <i>Constance M. Phillips</i>	
Printed or Typed Name and Title <i>CONSTANCE M. PHILLIPS</i>	Date <i>3/15/2012</i>

Sign and return this completed form to the administrator of your pension or annuity. Keep a copy for your records.

Visit www.michigan.gov/taxes for additional information.





RETIREMENT SYSTEMS
OF THE
CITY OF DETROIT

2 WOODWARD AVE STE 908
DETROIT, MICHIGAN 48226
PHONE 313•224•3362
TOLL FREE 800•339•8344
FAX 313•224•3522

Substitute Form W-4P

Withholding certificate for pension or annuity payments

PART 1

MEMBER DATA

Name

Constance M. Phillips

Street Address

2428 E. LAFAYETTE #103

City

DETROIT

State

MI

Zip

48204

Social Security Number

[REDACTED]

☐

If this is a new
address please
check this box

PART 2

FEDERAL TAX WITHHOLDING INSTRUCTIONS

Please note:

- **Your City of Detroit retirement benefit is subject to federal income taxes.**
Please use this form to instruct us whether you want us to withhold any amount from your monthly RSCD benefit for federal income taxes and, if so, how much.
- **You are liable for payment of federal income tax on the taxable portion of your pension.**
If you elect not to have federal income tax withheld from your monthly benefit of if you do not have a sufficient amount withheld, you may be responsible for payment of estimated taxes. Additionally, if your withholding amount, if any, and/or payments of estimated taxes are not sufficient, you may be subject to tax penalties under the IRS's estimated tax rules.
- **Your tax withholding instructions, if any, will remain in effect until you change them, and you may change your instructions at any time during your retirement.**
To change your withholding instructions, simply complete and submit a new Substitute Form W-4P, available on our website at www.rscd.org, or call us and we will send you a form.
- **If you do not complete this form, RSCD must withhold federal income taxes as if you are married and claiming two withholding allowances.**
If the taxable portion of your monthly benefit is more than the withholding level for a married person claiming two allowances, and you do not complete this form, we are required to withhold at the rate set for a married taxpayer with two allowances.
- **If you need help completing this form, please consult a tax expert or the IRS.**
For more information on tax withholding, and the complete IRS Form W-4P which includes a step-by-step worksheet, please visit the IRS website at www.irs.gov.

How to submit your completed form

Please make a photocopy of this form for your records, and then send the original to our office (address above).

Please be sure to submit your form so that we receive it by the 15th of the month that you want your withholding instructions to take effect (for example, by May 15th for your June 1 check).

Please indicate your federal tax withholding instructions by checking only **ONE** box below:

☐

I do **NOT** want any federal income taxes withheld from my monthly benefit.

☒

I want federal income taxes withheld from my monthly benefit based on the IRS tax tables and the marital status and number of exemptions claimed below, and I understand that the amount withheld will automatically change, if and when the federal tax rates are adjusted.

a) Marital status (check one)..... ☒ Single ☐ Married

b) Total number of exemptions claimed..... ☒ (if left blank, zero will be used)

☐

I want federal income taxes withheld

from my monthly benefit in the flat amount of..... \$

/month

Signature

Constance M. Phillips

Date

3/15/2012



Instructions for Completing MI W-4P,
Withholding Certificate for Michigan Pension or Annuity Payments

General Instructions

Significant income tax changes take effect for the 2012 tax year. These changes may result in a balance due if the incorrect amount is withheld from pension or annuity payment(s).

There is no change in 2012 in the tax treatment of pension and retirement benefits for taxpayers born before 1946. Recipients born during the period 1946 through 1952 are eligible to deduct pension and retirement benefits up to \$20,000 for single taxpayers or married filing separate, or \$40,000 if married filing a joint return.

Recipients born after 1952 may not deduct pension and retirement benefits on the *Michigan Income Tax Return* (MI-1040). For joint filers, the age of the oldest spouse determines the age category.

Multiple pensions: If you (and your spouse) receive multiple pension payments, your withholding on those payments may not cover your entire tax liability. Married couples where each spouse receives payments on their own pension may choose to have withholding calculated as if they were single on the MI W-4P and select one personal exemption in order to have sufficient withholding to cover their tax liability. Taxpayers with multiple pensions may need to consult the MI-1040ES or a tax advisor to ensure the proper amount is withheld or paid in estimated income tax payments.

Estimated Payments: There are penalties for not paying enough state income tax during the year, either through withholding or estimated tax payments. Taxpayers who have chosen not to have tax withheld from their pension or annuity payments may be required to make estimated tax payments. Refer to Form MI-1040ES for estimated tax requirements.

When should I complete this form? Complete Form MI W-4P and give it to the administrator of your pension or annuity payments as soon as possible. Your tax situation may change from year to year; you may want to evaluate your withholding each year. You can change the amount to be withheld by submitting an updated Form MI W-4P to your pension or annuity administrator at any time.

Is every pension administrator required to withhold Michigan tax? Only companies over whom Michigan has taxing jurisdiction are required to withhold Michigan tax from your pension and/or annuity payment(s). If your pension administrator does not fall under Michigan jurisdiction, you may request to have Michigan tax withheld, but the company is not required to do so. If no taxes are withheld from your payments, it is likely you will be required to make estimated payments in place of the withholding. Contact your pension and/or annuity administrator to verify if tax will be withheld from your payments.

Line-by-Line Instructions

Line 1: You may opt out of withholding tax from your pension and annuity benefits if you believe you will not have a balance due on your MI-1040. If you (and your spouse) opt to have no Michigan tax withheld from your pension or retirement benefits by checking the box on line 1, it may result in a balance due on your MI-1040 as well as penalty and/or interest. If you check the box on line 1, do not complete lines 6 and 7. **STOP HERE AND SIGN THE FORM.**

Line 2: If you (or your spouse) were born prior to 1946, all benefits from public sources are exempt and benefits from private sources may be subtracted up to for \$45,842 for a single filer or married filer filing separately or \$91,684 if married filing a joint return for the 2012 tax year. In addition, benefits that will be rolled into another qualified plan or IRA will not be taxable if the amount rolled over is not included in federal adjusted gross income (AGI). Any private pension payment in excess of the limits above is taxable.

Line 3: If you (or your spouse) were born during the period 1946 through 1952, the first \$20,000 for single filers or \$40,000 for joint filers of all private and public pension and annuity benefits may be subtracted from Michigan taxable income. Benefits in excess of these limits are taxable to Michigan.

Line 4: If you (and your spouse) were born after 1952, all private and public pension and annuity benefits are fully taxable and may not be subtracted from Michigan taxable income.

Line 5: Enter personal exemptions based on box checked on lines 1-4. The total number of exemptions you claim on line 6 may not exceed the number of exemptions you are entitled to claim when you file your MI-1040.

Line 6: You may designate additional withholding if you expect to owe more than the amount withheld. This amount must be a percentage.

NOTE: If you enter a number on line 5 and/or a percentage on line 6, do not check box 1. If box 1 is checked and line(s) 5 and/or 6 are completed, this will override line 1.

Failure to have sufficient tax withheld from your pension and/or annuity payment(s) may result in a balance due on your MI-1040 as well as penalty and/or interest.

**City of Detroit General Retirement System
Signature Card**

Name Constance Phillips Pension No. 169106

Address 2720 E. Lafayette, #103
Detroit, Mich. 48207
City State Zip

Social Security Number [REDACTED]

Signature of member Constance M. Phillips

The above signature was executed in my presence on

1 3 - 15 - 2012
Mo Day Year

Lajasha Moore-Carter
Notary Public of 3-15-2012

My commission expires _____



**GENERAL RETIREMENT SYSTEM
OF THE
CITY OF DETROIT**

UNUSED SICK LEAVE DECLARATION FORM

Social Security Number

I, Constance Phillips, hereby elect to (select one)
Print Name

☒ Have the value of 25% of my Unused Sick Leave On Retirement benefit included in my Average Final Compensation calculation.

☐ Have the applicable percentage of my Unused Sick Leave On Retirement paid to me in the usual manner. I understand that this will result in **NOT** having the value of 25% of my Unused Sick Leave On Retirement benefit included in my Average Final Compensation calculation.

I UNDERSTAND THAT THE ABOVE ELECTION IS FINAL AND BINDING.

<u>Constance M. Phillips</u> Signature	<u>3/15/2012</u> Date
<u>J. Isha Yoon-Caplan</u> Witness Signature	<u>3/15/2012</u> Date



Conversion of Group Life Benefits to an Individual Policy

MetLife®

Part A – Conversion Privilege Notice To Eligible Person

Date of this notice 3/15/2012

To The Employee/Assignee: The Group Term Life benefits in the amount(s) indicated below will be terminated on (Date) _____
You may apply for an Individual Life Insurance policy (other than Term Insurance), which will be issued without medical examination by Metropolitan Life Insurance Company (hereafter "MetLife"), if you apply for it and the required premium payment is made within:

- 31 days from the date benefits were terminated, or
 - 15 days from the date this notice is given, if notice is given more than 15 days from the date benefits were terminated.
- In no event will this period extend beyond 91 days from the date benefits were terminated.

Use one of the methods shown below to contact MetLife to apply for an individual policy. We will arrange for a Financial Services Representative to follow-up with you and assist you in the application process.

- Call MetLife's toll-free number 1-877-ASK MET7 (1-877-275-6387), or
- Contact us via the Internet at solutions@metlife.com

Name of Insured (Last, First) <u>Phillips, Constance</u>	Relationship to Employee <input checked="" type="checkbox"/> Self <input type="checkbox"/> Dependent	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Date of Birth <u>5/30/1950</u>
Name of Owner if Certificate is Assigned (Last, First)		Amount(s) of Group Life benefits that may be converted.	
Address of Insured/Owner <u>3720 E. Lafayette, #103</u>		\$ <u>12500</u> Basic Life Experience # _____	
City <u>Detroit</u>	State <u>Mich.</u>	\$ _____ Optional Life Experience # _____	
Zip Code <u>48207</u>		\$ _____ Spouse Life Experience # _____	
Name of Employee, if other than insured	Employee's Social Security Number <u>1 1 2310</u>	\$ _____ Child Life Experience # _____	
	Telephone (Include Area Code) <u>(313) 393-3271</u>	\$ _____ Survivor Experience # _____	
	Job Title <u>Gen Manager</u>		

Part B – Employer Information To MetLife

(313) 510-3820

Date Group Life benefits became effective for insured <u>11/12/1991</u>	Reason for termination of Group Life benefits: <input type="checkbox"/> Termination of Employment <input checked="" type="checkbox"/> Retirement <input type="checkbox"/> No Longer an Eligible Dependent <input type="checkbox"/> Termination of Group Policy
Was an ABO claim paid? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what is the claim amount? \$ _____ Subtract this amount from amount(s) in force prior to discontinuance.
Amount(s) in force prior to discontinuance: \$ <u>12500</u> Basic Life \$ _____ Optional Life \$ _____ Spouse Life \$ _____ Child Life \$ _____ Survivor	Amount(s) discontinued: \$ _____ Basic Life \$ _____ Optional Life \$ _____ Spouse Life \$ _____ Child Life \$ _____ Survivor
Amount(s) continued: \$ _____ Basic Life \$ _____ Optional Life \$ _____ Spouse Life \$ _____ Child Life \$ _____ Survivor	
Was the employee totally disabled on the date the benefits were discontinued? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name of Employer <u>City of Detroit</u>	
Address Street <u>2 Woodward Ave</u> City <u>Detroit</u> State <u>MI</u> Zip Code <u>48226</u>	
Signed <u>J. Diana Green-Carter</u>	Date <u>3/15/2012</u> Telephone (Include Area Code) <u>(313) 1224-3362 x218</u>

For Use Only By MetLife

To Be Completed By Group Department

- ☐ Issue a conversion policy in an amount up to \$ _____
Person is not eligible for term insurance.
- ☐ Decline issue – conversion period expired.
☐ Decline issue – 5 year Group coverage requirement not met.
- Are the Experience Number(s) indicated above correct? ☐ Yes ☐ No If "No," correct the Experience Number(s) shown above.

Approval to issue or decline furnished by Signature _____	Reg. Bus. Unit/Nat'l. Accts. _____	Telephone (Include Area Code) () - _____	Date / /
--	---------------------------------------	--	-------------

To Be Completed By Individual Business

Type of Policy Issued: <input type="checkbox"/> Life Paid-up at 98 <input type="checkbox"/> Universal Life	Amount of Policy \$ _____	Effective Date of Policy / /	Policy Number _____
Completed by Signature _____	IB NB Processing Center _____	Telephone (Include Area Code) () - _____	Date / /

Instructions to Employer

1. Complete both Parts A and B above immediately upon termination of Group Life benefits for an eligible employee and/or covered dependents.
2. Make copies of the completed form and give the original copy to the person eligible to convert or mail it to the last known address.
3. Mail a copy of the completed form to the MetLife office responsible for administering your Group contract.
4. Send a copy of the form via fax (1-888-422-4272) or Internet (solutions@metlife.com) to MetLife Advice Resource Center.

Social Security Number

Membership Number

CITY OF DETROIT EMPLOYEES BENEFIT PLAN-CHAPTER VIII OF TITLE IX
of the
CHARTER OF THE CITY OF DETROIT

Benefit Payable Upon Death of Member

NOMINATION OF BENEFICIARY

Constance M. Phillips hereby direct the
Governing Board of the City of Detroit Employees Benefit Plan, of the City of Detroit, to pay the amount of death benefit
due (as specified under the terms of the City Charter and Ordinances relating to this Employees Benefit Plan) to
my Sister LAURA L. PHILLIPS
(Give Relationship of Beneficiary) (Give Full Name of Beneficiary)

whose date of birth is _____, whose residence address is _____

if living, otherwise to my _____
(Contingent Beneficiary Relationship)

NOT APPLICABLE

(Give Full Name of Contingent Beneficiary) whose residence address is _____

_____ if living; otherwise to my legal representatives.

Dated at DETROIT, MICHIGAN, this 25th day of MARCH, 20 12.

Jaisha Kora - Chapter
(Signature of Witness)

Constance M. Phillips
(Signature of Employee)

2720 E. LAZYETTE #103
No. Street
DETROIT, MI. 48207
City State Zip Code

May 30, 1950
Member's Date of Birth

C of D 151 -NO (Rev. 12-81)



AUTHORIZATION FOR DIRECT DEPOSIT OF RETIREMENT BENEFIT

Constance M. Phillips hereby authorize the CITY OF DETROIT RETIREMENT SYSTEM to transmit my retirement benefit checks to my account # _____ at MICHIGAN FIRST CREDIT UNION.
(Name of Financial Institution)

I authorize and direct the said Financial Institution to charge said account, or the account of my Estate, for any payment made subsequent to my death, and to refund any such payment to the CITY OF DETROIT RETIREMENT SYSTEM, 2 Woodward Avenue Ste 908, Detroit, MI 48226.

I agree - for myself - my heirs - executors and estate - to indemnify and save the said Financial institution harmless from any and all loss or damage of any nature whatsoever by reason of said bank having entered into the above-described arrangement.

I reserve the right to revoke or cancel this authorization and agreement by giving written notice thereof to the CITY OF DETROIT RETIREMENT SYSTEM, and the MICHIGAN FIRST CREDIT UNION
(Name of Financial Institution)

3/15/2012

(Dated)

Constance M. Phillips
(Signature of Payee)

Social Security No. [REDACTED]

MY ADDRESS FOR CORRESPONDENCE IS:

2720 E. LAFAYETTE

Street Address

DETROIT

City

MICHIGAN

State

48204

Zip

(313) 393-3244

(313) 570-3820

Telephone No.

FINANCIAL INSTITUTION TO COMPLETE THIS PART

We agree to the above provisions and in consideration of the release by the CITY OF DETROIT RETIREMENT SYSTEM from the requirement to file periodic affidavits that the retirant-depositor is alive, we hereby agree: (1) to notify the CITY OF DETROIT RETIREMENT SYSTEM should the retirant - depositor cease to maintain said account with us or should we receive notification of death of said depositor; (2) to pay CITY OF DETROIT RETIREMENT SYSTEM any sums forwarded to this bank under the City of Detroit Charter Provisions, after the death of said retirant-depositor.

ROUTING NO 2 7 2 0 7 8 3 6 CK DIGIT 5

SAVINGS ☐ CHECKING ☒ DEPOSIT ACCT. NO. _____

Name of Financial Institution MICHIGAN FIRST CREDIT UNION

Office address 27000 EVERGREEN RD.

City LAFAYETTE State MI Zip 48076

Authorized Signature of Financial Officer _____

Title _____ Date _____





Retirement Effective Date April 10, 2012

CITY OF DETROIT RETIREE HEALTH BENEFITS ENROLLMENT/CHANGE FORM

USE BALLPOINT PEN

Part I. Retiree Information

☐ Initial Enrollment
☐ Add Dependent(s)

☐ Open Enrollment
☐ Remove Dependent(s)

☐ COBRA

☐ Terminate Contract

Social Security Number [REDACTED] Last Name Phillips First Name Constance M.I. Date of Birth Mo 5 Day 30 Yr 1957 Sex F

Street Address 2720 E. Lafayette, #103 City Detroit State Mi Zip Code 48207 Retiree Telephone Numbers: Daytime 313-393-3271 Evening 313-570-3828

What was your job title at the time of your retirement?

Gen. Manager

Marital Status: ☒ Single ☐ Married

Does your spouse work for or is retired from the City of Detroit? ☐ Yes ☒ No

Do you or any of your dependents have other medical coverage, including Medicare? ☐ Yes ☒ No

Reason for Change/Addition: Must submit this completed enrollment within 30 days of the event

☐ New Dependent(s) ☐ Marriage ☐ Loss of Other Coverage ☐ Name Change

Date of Event:

Reason for Coverage Termination:

☐ Terminate Entire Contract ☐ Ineligible Dependent ☐ Divorce ☐ Have Other Coverage ☐ Death

Date of Event:

Part II. Coverage Selection

PLEASE READ RETIREE HEALTH CARE PLAN OPTIONS BOOKLET

Medical Plan

Dental Plan

Vision Plan

Your Current Plan: H.A.P. Check Box If You Want Same Plan ☒

New Plan: cbada100 \$119.63

Retiree: If you select an HMO, provide name of Primary Physician/Site/Code.

Your Current Plan: Den Cap Check Box If You Want Same Plan ☒

New Plan: 50071 \$5.44

Retiree: If you select a network-based dental plan, provide dental office name and location.

Your Current Plan: 60104 Check Box If You Want Same Plan ☐

New Plan: Heritage 40051 \$16

Part III. Dependent Information (List all current and any new dependents)

* Action Code for Coverage: C-Continue A-Add R-Remove (M-Medical D-Dental V-Vision)

**Relation Code: S-Spouse C-Natural /Adopted Child L-Legal Guardianship K-Stepchild P-Permanently Disabled Child D-Sponsored Dependent

Action Code*	Health Care Plans			
	M	D	V	
Spouse				
Dep - 1				
Dep - 2				
Dep - 3				

Part IV. Authorization.

I have elected to enroll myself and my dependents in the above health care plans and authorize the City of Detroit to deduct the amount of any required premium-sharing contribution from my monthly retirement payment check. I also authorize my health care plans and the Benefits Administrative Office to obtain information from health care providers, hospitals and clinics necessary to administer the health care programs and provide services.

Retiree Signature Constance M. Phillips Date: 3/15/2012

BAO USE ONLY

Medical Codes: Old: New:

Dental Codes: Old: New:

Vision Codes: Old: New:

Eff:

Eff:

Eff:

FM Date:

FM Date:

FM Date:

**GENERAL RETIREMENT
SYSTEM
OF THE CITY OF DETROIT
BENEFIT ESTIMATE**

Calculated on: 03/15/2012
(Service)



PHILLIPS, CONSTANCE
2720 E. LAFAYETTE #103
DETROIT MI 48207

Date of Birth: 05/30/1950
Service Date: 11/12/1991
Retirement Date: 04/10/2012

Member Age: YR 61 MO 10
Beneficiary Age: 58 9

SSN: XXX - XX - 2310

Pension #: 169106

Survivor SSN
XXX-XX-2310S

Survivor Name
GAIL L PHILLIPS

Beneficiary Birth Date
06/17/1953

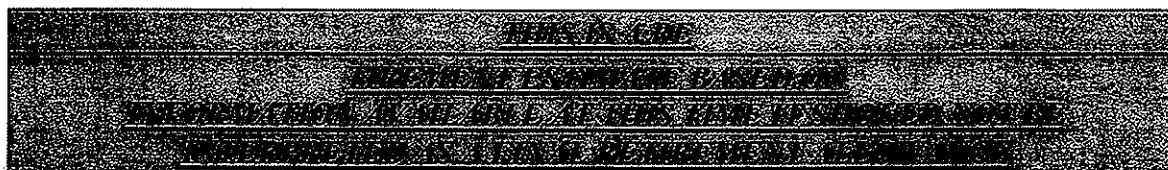
<u>Revenue Group</u>	<u>Service Credit Years</u>	<u>Service Credit Months</u>	(A F C)	
			<u>Average Final Compensation</u>	
1	14	6	AFC from Wages	\$70,660.73
Included Military			Sick Leave AFC	\$0.00
Service Credit	0	0	Total AFC	\$70,660.73

TOTAL PENSION PRIOR TO OPTION SELECTION

<u>Service Pension</u>	+	<u>Basic Pension</u>	=	<u>Total Pension</u>	<u>Annuity Balance</u>
\$17,029.24		\$120.00		\$17,149.24	\$8,569.10

24.1% Pension Calculation Percentage Factor

FOR QUESTIONS AND/OR APPOINTMENTS, PHONE (313) 224-3362



**GENERAL RETIREMENT SYSTEM
BENEFIT ESTIMATE**

Calculated on: 03/15/2012

PHILLIPS, CONSTANCE
Pension #: 169106

Equated 62
[0.983142]

Equated 65
[0.703174]

	STANDARD	BEFORE 62	AFTER 62	BEFORE 65	AFTER 65
<u>Straight Life</u>					
0.008356	City Portion Annuity Total	\$1,429.10 \$71.60 \$1,500.70	\$2,191.04 \$71.60 \$2,262.64	\$2,111.18 \$71.60 \$2,182.78	\$1,141.18 \$71.60 \$1,212.78
<u>Cash Refund Ann.</u>					
0.008239	City Portion Annuity Total	\$1,429.10 \$70.60 \$1,499.70	\$2,191.04 \$70.60 \$2,261.64	\$2,111.18 \$70.60 \$2,181.78	\$1,141.18 \$70.60 \$1,211.78
<u>Joint & 100% Surv.</u>					
0.808499	City Portion Annuity Total	\$1,155.43 \$57.89 \$1,213.31	\$1,771.45 \$57.89 \$1,829.34	\$1,706.89 \$57.89 \$1,764.78	\$922.64 \$57.89 \$980.53
<u>Joint & 75% Surv.</u>					
0.849152	City Portion Annuity Total	\$1,213.52 \$60.80 \$1,274.32	\$1,860.53 \$60.80 \$1,921.33	\$1,792.71 \$60.80 \$1,853.51	\$969.04 \$60.80 \$1,029.84
<u>Joint & 50% Surv.</u>					
0.89411	City Portion Annuity Total	\$1,277.77 \$64.02 \$1,341.79	\$1,959.03 \$64.02 \$2,023.05	\$1,887.63 \$64.02 \$1,951.65	\$1,020.34 \$64.02 \$1,084.36
<u>Joining & 25% Surv.</u>					
0.944095	City Portion Annuity Total	\$1,349.21 \$67.60 \$1,416.81	\$2,068.55 \$67.60 \$2,136.15	\$1,993.15 \$67.60 \$2,060.75	\$1,077.38 \$67.60 \$1,144.98

M98

Page 2



**GENERAL RETIREMENT SYSTEM
OF THE CITY OF DETROIT
BENEFIT ESTIMATE
Calculated on:**

03/15/2012

POP-UP OPTIONS

PHILLIPS, CONSTANCE
2720 E. LAFAYETTE #103
DETROIT MI 48207

Pension #: 169106

Pursuant to applicable law, the pension provisions now provide for a benefit called the **POP-UP OPTION**. If you select the **POP-UP OPTION**, you would receive a reduced pension as indicated on the following page.

If you elect the **POP-UP OPTION** and your option beneficiary predeceases you, your monthly **JOINT AND SURVIVOR PENSION** would be automatically increased to a **STRAIGHT LIFE BENEFIT**, (as indicated on page 4 of this estimate) upon the **BOARD OF TRUSTEES** being provided a copy of the death certificate of your option beneficiary.

If you do not elect the **POP-UP OPTION**, your Joint and Survivor monthly Pension will remain the same even if your option beneficiary predeceases you.



**GENERAL RETIREMENT SYSTEM
BENEFIT ESTIMATE
POP-UP OPTIONS
Calculated on: 03/15/2012**

PHILLIPS, CONSTANCE
Pension #: 169106

		<u>Equated 62</u> [0.983142]		<u>Equated 65</u> [0.703174]	
	POP-UP	BEFORE 62	AFTER 62	BEFORE 65	AFTER 65
<u>Joint & 100% Surv.</u>					
0.796386	City Portion	\$1,138.12	\$1,127.71	\$1,681.31	\$908.82
	Annuity	\$57.02	\$57.02	\$57.02	\$57.02
	Total	\$1,195.14	\$1,184.73	\$1,738.33	\$965.84

<u>Joint & 75% Surv.</u>					
0.839099	City Portion	\$1,199.16	\$1,188.20	\$1,771.49	\$957.56
	Annuity	\$60.08	\$60.08	\$60.08	\$60.08
	Total	\$1,259.24	\$1,248.28	\$1,831.57	\$1,017.64

<u>Joint & 50% Surv.</u>					
0.886653	City Portion	\$1,267.12	\$1,255.54	\$1,871.88	\$1,011.83
	Annuity	\$63.48	\$63.48	\$63.48	\$63.48
	Total	\$1,330.60	\$1,319.02	\$1,935.36	\$1,075.31

<u>Joint & 25% Surv.</u>					
0.939922	City Portion	\$1,343.24	\$1,330.97	\$1,984.34	\$1,072.62
	Annuity	\$67.30	\$67.30	\$67.30	\$67.30
	Total	\$1,410.54	\$1,398.27	\$2,051.64	\$1,139.92

**GENERAL RETIREMENT SYSTEM
OF THE CITY OF DETROIT
908 City-County Building
DESCRIPTION OF OPTIONAL FORMS OF PAYMENT**

Each optional form of payment is the actuarial equivalent of the straight life level form of payment - which means that it has the same cost to the System at the time you retire - and the options are made available to you as a convenience in planning your personal retirement program.

STRAIGHT LIFE. You receive the indicated amount monthly. Should your death occur before you have received in monthly payments a total amount equal to your Annuity Fund, the balance will be paid in a single sum to your beneficiary (one or more persons nominated before your death). **THERE ARE NO MONTHLY BENEFITS OR FRINGE BENEFITS PAYABLE TO YOUR BENEFICIARY UNDER THIS PLAN WHEN YOU DIE.**

CASH REFUND ANNUITY. You receive the indicated amount monthly. Should your death occur before you receive in the monthly annuity portion a total equal to your Annuity Fund, the balance will be paid in a single sum to your beneficiary (one or more persons nominated before your death). **THERE ARE NO MONTHLY BENEFITS OR FRINGE BENEFITS PAYABLE TO YOUR BENEFICIARY UNDER THIS PLAN WHEN YOU DIE.**

JOINT and 100% SURVIVOR. You receive the indicated amount monthly, with the provision that after your death this monthly amount and fringe benefits will be continued throughout the life of your beneficiary (one person nominated before your retirement).

JOINT and 75% SURVIVOR. You receive the indicated amount monthly, with the provision that after your death seventy-five percent of this monthly amount and fringe benefits will be continued throughout the life of your beneficiary (one person nominated before your retirement).

JOINT and 50% SURVIVOR. You receive the indicated amount monthly, with the provision that after your death one-half of this monthly amount and fringe benefits will be continued throughout the life of your beneficiary (one person nominated before your retirement).

JOINT and 25% SURVIVOR. You receive the indicated amount monthly, with the provision that after your death twenty-five percent of this monthly amount and fringe benefits will be continued throughout the life of your beneficiary (one person nominated before your retirement).

EQUATED PENSION. If you retire before age 65, you may elect the Social Security Coordination Option (EQUATED). Under this option, you would receive an increased retirement allowance until you become eligible to receive Social Security benefits at either age 62 or 65, and a reduced retirement allowance thereafter.

If you do not withdraw your Defined contribution Plan (Annuity Fund) monies and you choose a Joint and Survivor Option, should you and your beneficiary die before having received in retirement allowance payments an aggregate amount equal to your Defined Contribution Plan (Annuity Fund), the balance shall be paid to your legal representative.

VESTED RETIREES: Fringe benefits may not be available to vested retirees or their beneficiaries. A determination will be made at the time of retirement concerning eligibility for coverage.

PROOF OF BIRTH FOR MEMBER IS REQUIRED, AND IF JOINT AND SURVIVOR OPTIONS ARE CHOSEN, PROOF OF BIRTH FOR BENEFICIARY IS ALSO REQUIRED.

ALL MONTHLY AMOUNTS INDICATED DO NOT INCLUDE ANNUAL POST-RETIREMENT INCREASES, WHICH WILL BE ADDITIONAL.

NOTE: CHARTER PROVISIONS REQUIRE THAT A WRITTEN APPLICATION FOR RETIREMENT BE FILED WITH THE RETIREMENT BOARD NOT LESS THAN 30 DAYS NOR MORE THAN 90 DAYS PRIOR TO ACTUAL RETIREMENT DATE. APPOINTMENT FOR FILING OF RETIREMENT APPLICATION CAN BE MADE BY CALLING 224-3362.

ALL VACATION AND/OR OTHER TIME DUE MUST BE LIQUIDATED PRIOR TO YOUR EFFECTIVE DATE OF RETIREMENT.

**BOARD OF TRUSTEES
GENERAL RETIREMENT SYSTEM**

10/96

Page 2 of 2

Retirement Systems City of Detroit

Annuity Balance Report

ANN-002

3/15/12 10:55 am

PHILLIPS, CONSTANCE

Pension Number 169106 Revenue Group General City

Vested? Yes Annuity Status Active Payroll Status Active

Address 2720 E. LAFAYETTE #103 DETROIT, MI 48207

(Post Tax) Non-Taxable Contribution \$8,049.17 Last Annuity Date 03/09/2012

(Pre Tax) Taxable Contribution \$0.00

Total Contribution \$8,049.17

Taxable Interest \$519.93

Adjustments \$0.00

TOTAL ANNUITY \$8,569.10

RE: DIRECT DEPOSIT OF MONTHLY PENSION BENEFIT

This document contains an authorization form for the direct deposit of your monthly retirement benefit into your Savings or Checking account. When you have completed the upper portion of the authorization and the financial institution has completed the lower part, the original is to be returned to this office.

IF THE FORM IS NOT COMPLETED IN ITS ENTIRETY IT WILL NOT BE PROCESSED.

It will be approximately 30 to 60 days before your first check will be processed directly to the bank. Until that time, you will receive your monthly checks by mail. Once your direct deposit begins, this office will forward to your correspondence address a record of the amount deposited, and a copy of your check stub showing any deductions taken from your pension amount. Your attention is directed to the line for your correspondence address on the authorization form. It is important that you complete this line and keep Pension Bureau notified of any future address changes.

ATTENTION RETIREES

Your Death Benefit coverage has been increased effective July 1, 2002. The new coverage schedule, based on years of service is detailed below.

9¢
per mo.

<u>SERVICE</u>	<u>BENEFIT</u>	<u>SERVICE</u>	<u>BENEFIT</u>
10 Years or Less	\$1,860	21 Years	\$2,883
11 Years	\$1,953	22 Years	\$2,976
12 Years	\$2,046	23 Years	\$3,069
13 Years	\$2,139	24 Years	\$3,162
14 Years	\$2,232	25 Years	\$3,255
15 Years	\$2,325	26 Years	\$3,348
16 Years	\$2,418	27 Years	\$3,441
17 Years	\$2,511	28 Years	\$3,534
18 Years	\$2,604	29 Years	\$3,627
19 Years	\$2,697	*30 Years	\$3,720
20 Years	\$2,790		

* For years of service beyond 30 years, add \$93 per year for each additional year of service.

Form No. FTE 86586 (12/02)



PENSION STATEMENT

General Retirement System *
of the City of Detroit
2 Woodward Ave Ste 908
Detroit, MI 48226-3455

Page 001 of 001

Period Beginning: 12/01/2013
Period Ending: 12/31/2013
Advice Date: 01/01/2014
Advice Number: 1100885588
Batch Number: 000000000515

Retirement Code E-10-2-1

Tax Code Single 0 exemptions
Pension No 169106
Social Security No XXX-XX-2310

PHILLIPS, CONSTANCE
2720 E LAFAYETTE ST APT 103
DETROIT MI 48207-3959

EARNINGS	RATE	ADJUSTMENT	CURRENT	YTD	DEDUCTIONS	DEDUCTION CODE	CURRENT	YTD
Pension	1806.21	0.00	1806.21	23204.02	Federal Income Tax		206.28	206.28
Annuity	0.00	0.00	0.00	0.00	Michigan Income Tax		76.76	76.76
					Medical-HAP	EBRDA100	117.36	117.36
					Death Benefit	00040210	0.09	0.09
					Dental-Dencap Dental	00050071	5.99	5.99
					Vision-Heritage	00040051	1.07	1.07

Gross Pay 1806.21 23204.02 Total Deductions 407.55 407.55
Net Pay \$1,398.66

IMPORTANT NOTES

© 2002 Automatic Data Processing (PCSOV0)

VERIFY DOCUMENT AUTHENTICITY: COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM



General Retirement System
of the City of Detroit
2 Woodward Ave Ste 908
Detroit, MI 48226-3455

Advice Number: 1100885588

Advice Date: 01/01/2014

Deposited to the account of PHILLIPS, CONSTANCE Checking Account Number Transit ABA Amount \$1,398.66

THIS IS NOT A CHECK
NON-NEGOTIABLE



OFFICIAL CITY OF DETROIT NOTICE REGARDING NEW SETTLEMENT AGREEMENT

- IV. New Stipend for Lower Income Retirees Whose Spouses Are Non-Medicare Eligible and Acquire Health Coverage on a State Insurance Exchange:** The City will provide a \$125 stipend to married retirees whose spouses were enrolled in the City's retiree health program on December 31, 2013 (or later transitioned to retiree benefits) and who meet certain other requirements, including having a household income of \$75,000 or less. *Eligibility and payment dates will be outlined in the City's official open enrollment packet.*
- V. New Stipend for Non-Medicare Eligible Retirees in States that Have Not Expanded Medicaid:** The City will provide payments to retirees who reside in states that have not expanded Medicaid whose household income is below the federal poverty level in order to help them gain eligibility for Federal subsidies for coverage purchased in a State Insurance Exchange. *Eligibility and payment dates will be outlined in the City's official open enrollment packet.*
- VI. Catastrophic Drug Expenses Cap:** For Medicare-eligible retirees and spouses enrolled in one of the City-sponsored Medicare Advantage plans, the City will reimburse the retiree or spouse for drug expenses incurred in excess of \$4,550 out-of-pocket. *Eligibility and payment dates will be outlined in the City's official open enrollment packet.*
- VII. New Dental Plan Option:** A new dental plan option offered by Golden Dental Inc. will be available to benefit eligible retirees and their eligible spouses and dependents at full cost. *Eligibility and effective dates will be outlined in the City's official open enrollment packet.*
- VIII. New Vision Plan Option:** An additional vision plan option offered by Heritage Vision Plans, Inc. will be available to benefit eligible retirees and their eligible spouses and dependents at full cost. *Eligibility and effective dates will be outlined in the City's official open enrollment packet.*
- IX. New Health Reimbursement Account Option:** A new Health Reimbursement Account (HRA) option will be made available to Medicare-eligible retirees who opt out of the City-sponsored Medicare Advantage Plans. *Eligibility and effective dates will be outlined in the City's official open enrollment packet.*
- X. New Medical Plan Option:** A new medical plan option offered by Blue Cross Blue Shield of Michigan will be available at full cost to non-Medicare eligible retirees, who may also enroll their eligible spouses and dependents. The City will provide a monthly stipend in the amount of \$100 to each retiree who enrolls in this plan. *Eligibility and effective dates will be outlined in the City's official open enrollment packet.*



OFFICIAL CITY OF DETROIT NOTICE REGARDING NEW SETTLEMENT AGREEMENT

IMPORTANT NOTICE TO BENEFIT ELIGIBLE CITY OF DETROIT RETIREES

In a settlement agreement with the Official Committee of Retirees of the City of Detroit, Michigan, Detroit Retired City Employees Association, Retired Detroit Police and Fire Fighters Association, and AFSCME Sub-Chapter 98, City of Detroit Retirees, the City of Detroit has agreed to make changes to the health care benefit offerings implemented effective March 1, 2014. Some of these changes are automatic and some require an application; the City will provide an additional open enrollment period for benefit-eligible retirees to select one or more of the new options described below that require an application. When the open enrollment has been established, an official open enrollment packet will be mailed to your home address notifying you of the open enrollment period dates, the eligibility requirements and effective dates for the new plan options, and the eligibility requirements and effective dates for the automatic changes.

An official packet will be mailed to effected retirees when these new offerings are available. There is specific eligibility for each option listed below. Retirees who are interested in enrolling in any of the options must wait until they receive notice of the enrollment period and respond based on the enrollment instructions. You will be notified of the effective date for each of these options.

In brief description, the City has agreed to the following modifications as outlined in the settlement agreement:

- I. Increased Stipend for Non-Medicare Eligible Retirees Age 65 and Older:** The City will increase the monthly stipend for retirees who are age 65 or older and not eligible for Medicare from \$125/month to \$300/month. *Eligibility and payment dates will be outlined in the City's official open enrollment packet.*
- II. Increased Stipend for Lower Income Non-Medicare Eligible Retirees Who Acquire Health Coverage on a State Insurance Exchange:** The City will increase the stipend by \$50 for retirees who are not on a disability retirement and who meet certain other requirements, including having a household income of \$75,000 or less. *Eligibility and payment dates will be outlined in the City's official open enrollment packet.*
- III. New Stipend for Michigan Resident Retirees Eligible for Medicaid Coverage On or After April 1, 2014:** The City will provide a payment of \$100 to Michigan resident retirees whose household income is below the federal poverty level in order to bridge them to Michigan's Medicaid expansion in April or May, 2014. *Eligibility and payment dates will be outlined in the City's official open enrollment packet.*